

11:19:54

OCA PAD AMENDMENT - PROJECT HEADER INFORMATION

10/26/93

Active

Project #: D-48-A38 Cost share #:
Center # : 10/24-6-R7682-0A0 Center shr #:

Contract#: 7531.2 Mod #: ADM. REVISION
Prime # : 68-W1-0014 Document : SUBCONT
Contract entity: GTRC

Subprojects ? : N CFDA: N/A
Main project #: PE #: N/A

Project unit: DEAN ARCH Unit code: 02.010.170
Project director(s):
 BOURNE R G DEAN ARCH (404)894-2350
 ELLIOTT M L P DEAN ARCH (404)-

Sponsor/division names: WORLD WILDLIFE FUND / WASHINGTON, DC
Sponsor/division codes: 500 / 169

Award period: 920525 to 930310 (performance) 930310 (reports)

Sponsor amount	New this change	Total to date
Contract value	0.00	20,592.26
Funded	0.00	20,592.26
Cost sharing amount		0.00

Does subcontracting plan apply ? : N

Title: PHOSPHORIC ACID WASTE POLICY DIALOGUE -RESOLVE CONTRACT

PROJECT ADMINISTRATION DATA

OCA contact: Jacquelyn L. Tyndall 894-4820

Sponsor technical contact Sponsor issuing office

SUZANNE G. ORENSTEIN JENNY BILLITT
(202)778-9533 (202)861-8334

RESOLVE	RESOLVE
WORLD WILDLIFE FUND	WORLD WILDLIFE FUND
1250 24TH ST., N.W., SUITE 500	1250 24TH ST., N.W., SUITE 500
WASHINGTON, DC 20037-1175	WASHINGTON, DC 20037-1175

Security class (U,C,S,TS) : U ONR resident rep. is ACO (Y/N): N
Defense priority rating : N/A N/A supplemental sheet
Equipment title vests with: Sponsor GIT
 NONE PROPOSED.
Administrative comments -
 ISSUED TO REVISE DELIVERABLE SCHEDULE.

GEORGIA INSTITUTE OF TECHNOLOGY
OFFICE OF CONTRACT ADMINISTRATION

NOTICE OF PROJECT CLOSEOUT

Closeout Notice Date 03/02/95

Project No. D-48-A38 _____ Center No. 10/24-6-R7682-0A0_
Project Director BOURNE R G _____ School/Lab DEAN ARCH _____
Sponsor WORLD WILDLIFE FUND/WASHINGTON, DC _____
Contract/Grant No. 7531.2 _____ Contract Entity GTRC
Prime Contract No. 68-W1-0014 _____
Title PHOSPHORIC ACID WASTE POLICY DIALOGUE -RESOLVE CONTRACT _____
Effective Completion Date 930310 (Performance) 930310 (Reports)

Closeout Actions Required:	Y/N	Date Submitted
Final Invoice or Copy of Final Invoice	Y	_____
Final Report of Inventions and/or Subcontracts	N	_____
Government Property Inventory & Related Certificate	N	_____
Classified Material Certificate	N	_____
Release and Assignment	N	_____
Other _____	N	_____
Comments _____		

Subproject Under Main Project No. _____

Continues Project No. _____

Distribution Required:

Project Director	Y
Administrative Network Representative	Y
GTRI Accounting/Grants and Contracts	Y
Procurement/Supply Services	Y
Research Property Management	Y
Research Security Services	N
Reports Coordinator (OCA)	Y
GTRC	Y
Project File	Y
Other _____	N
_____	N

Monthly Report Form¹
(68-W1-0014)Report Period: November 1992
(month)Project Name: Phosphoric Acid Waste DialogueContractor Southeast Negotiation Network Period of Performance Ends: December 31, 1992Program Office / Contact: Office of Solid Waste / Steve HoffmanInventory Order # 6RESOLVE Project # 7531

1 Budget for Project: \$ 20,592.26

Contractor Labor and Direct Costs To Be Invoiced This Month: \$ 10,468.68

2 Estimate of Additional Subcontractor Costs Incurred For This Period: \$ _____

RESOLVE Costs This Month:² \$ _____

3 Total Cumulative Costs:² \$ _____

4 Estimated Cumulative Funds Expended at End of Report Period:² \$ _____

Significant Activities during Report Period:

Completion of convening assessment and draft Convening Assessment Report. Preparation for first meeting of the Dialogue Committee scheduled for December 9, 1992.

Activities Planned for Next Report Period:

Convening of first Dialogue Committee meeting; preparation of Meeting Summary; prepare for next meeting, scheduled for January 28-29, 1993, in Orlando, FL.

Estimated Labor Hours for Next Report Period:

☐ less than 50 hours ☒ 50-100 hours ☐ more than 100 hours

Estimated Direct Costs ~~for~~ Next Report Period:\$ 2000.00

This report is due to Jenny Billet, RESOLVE, by the 10th day of the month following the report period. (FAX 202/293-9211)

To be filled out by RESOLVE

Subcontractor Invoice and Monthly Report Form
EPA Contract for Support Services for Regulatory Negotiations

Subcontractor: Southeast Negotiation Network Project Name: Phosphoric Acid Waste Dialogue Del. Order #: 6

RESOLVE Subcontract Number: 7531.2 Period of Performance Ends: December 31, 1992 Report Period: November, 1992

LABOR:

<u>Category</u>	<u>Rate</u>	<u>Hours Budgeted</u>	<u>Hours ** This Month</u>	<u>Dollars This Month</u>	<u>Cumul. Hours</u>	<u>Cumul. Dollars</u>
Sr. D.R. Prof.	\$88.06	115	95	8365.90	95	8365.90
Jr. D.R. Prof.	81.15	72	20	1623.00	20	1623.00
Clerical	25.94	24				

<u>DIRECT COSTS</u>	<u>Budgeted</u>	<u>Expended This Month¹</u>	<u>Cumulative</u>
Communications (includes: \$300/tele- communications; \$200/copying, postage)	\$500.00		
Staff Travel	2,500.00	479.98	479.98
Meeting Expense	1,000.00		

<u>TOTAL</u>	<u>Subcontract Budget</u>	<u>Total Invoice This Month</u>	<u>Cumulative Amount Invoiced</u>
	\$20,592.26	\$10,468.68	\$10,468.68

¹ Attach receipts for all expenses over \$20.

** Represents total hours since beginning of project - this is the first billing due to extended contract negotiations

TRAVEL EXPENSE STATEMENT

TITLE CODE _____

NAME Bourne R Gregory SOC. SEC. NO. 444-48-7610 TITLE Res. Assoc.
Last First Middle Initial

HEADQUARTERS Arch INSTITUTION Ga Tech

RESIDENCE 791 Sherwood Rd, ATL, GA 30324 DATE FROM 5/28/92 TO 5/29/92

Day	TIME		Location/Points Visited	DETAILS OF SUBSISTENCE (Attach Lodging Receipt)				TOTAL	Do Not Write in This Space for ACCT. DEPT.
	Departed	Arrived		B'fast	Lunch	Dinner	Lodging		
5/28			ATL - DC	—	6.00	11.00	110.98	128.98	
5/29			DC - ATL	6.00	6.00	—		12.00	
TOTALS				6.00	12.00	11.00	111.98	140.98	
EXPLAIN ANY UNUSUAL AMOUNTS FOR SUBSISTENCE:								xxxxxxx	
STATE USE MILEAGE _____ MILES @ _____ CENTS PER MILE (Must be supported by automobile mileage record on reverse side)									
COMMON CARRIER, TAXI/LIMOUSINE (Explain in section on reverse side)								327.00	
TOTAL TRAVEL EXPENSE								467.98	
MISCELLANEOUS EXPENSES (Explain in section on reverse side)								12.00	
SUB-TOTAL								479.98	
LESS TRAVEL ADVANCE								—	
GRAND TOTAL								479.98	

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by not less than one year nor more than twenty years of penal servitude, that the above statements are true and I have incurred the described expenses and the State use mileage in the discharge of my official duties for the State and have not been reimbursed and have not filed nor will I file for reimbursement from any other source, for said expenses.

APPROVED _____ SIGNED _____ DATE _____

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. Diamond
 Time 8¹⁵ AM Date 5/28/92 19 92
 Cab# 341 ID# 84494
 Origin of Trip 200 - 'C' SE DC
 Destination 2800 Crystal Dr VA Fare \$ 10⁰⁰
 Signature [Signature]

TAXICAB RECEIPT

Date: 5/28/92
 Time _____ I.D. # _____
 Cab # _____ Company _____
 Origin of trip _____
 Destination _____
 Fare \$ 8.00 Sign. _____

HARTSFIELD ATLANTA INT'L AIRPORT

Entrance 07:49 05/28/92 Lane 23

Exit: 14:41 05/28/92 Lane 57

CASHIER 058 SED# 5157

AMOUNT PAID \$012.00

*** thank you ***

TAXICAB RECEIPT

TIME _____ DATE 5-28-92 19 92

REC'D FROM _____

FARE AMOUNT \$ 4.00

TRIP FROM _____

TRIP TO _____

ASSN. Fairchild CAB NO. 78

I.D. NO. 57608 TAG NO. _____

SIGNATURE [Signature]

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

NOT TRANSFERABLE

IN/10000

AN-BOURNE

PASSENGER RECEIPT

BOARDING PASS
XXXXXXXXXX

ISSUED BY

ARC FLIGHT
COUPON

TOUR CODE

AGENT CODE

NAME OF PASSENGER

DELTA AIR LINES INC. XXXXX

PLACE OF ISSUE TO GO DATE OF ISSUE
A11544421

BOURNE/R.GREGORY

EXPLORATIONS

PNR/CARRIER CODE ATLANTA
GAUS22MAY82

ATLDCADL 182K 28MAY

BOURNE/R.GREGORY

CLASS OF SERVICE
JAFUN/18 MULTI

DDCAATLDL 709Y 29MAY

NOT VALID FOR** THIS IS YOUR RECEIPT

ISSUING AGENT ID

XXXXXXXXXXXXXXXXXXXX

TRANSPORTATION*

4W-4W

XXXXXXXXXXXXXXXXXXXX

FP AX3724 105198 91007 EXP 0395 N000028 /FC 28MAY
ATL DL WAS137.27KCADCA DL ATL140.00YCADCA \$277.27

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

FARE

EQUIV. FARE PD.

ALLOW PCS WT UNCKD

TAX 277.27

STOCK CONTROL NO. TX 889 CK

CPN

DOCUMENT NUMBER XXXXXXXX

PCS WT UNCKD BAGGAGE ID NUMBER

TAX 27.73

20708875703

0 006 1558151486 6

NOT VALID FOR TRAVEL

0 006 1558151486 6

TOTAL

305.00

CAPITOL HILL SUITES
200 C STREET, S.E.
WASHINGTON, DC 20003
BOURNE GREG
EPA

ARRIVAL DATE
05/28 16:11
RATE
97.50
CREDIT CARD

DEPARTURE DATE
05/29 08:08
NUMBER IN PARTY
01
ROOM NUMBER
420

FOLIO # 0528-4040 DESCRIPTION OF CHARGE PAGE # 1

05/28 ROOM 97.50
05/28 1 NIGHT AT 97.50
CITY/STAT 10.73
ROOM TAX = 11.00X
05/28 703276 LOCAL .75
05/28 301443 LOCAL .75
05/28 LOCAL .75
05/28 1 OCCUPANCY 1.50
05/28 AMEX 111.98CR
*** BALANCE *** .00

THE CAPITOL HILL HOTEL
202-543-6000

Monthly Report Form¹
(68-W1-0014)Report Period: December 1992
(month)Project Name: Phosphoric Acid Waste DialogueContractor Southeast Negotiation Network Period of Performance Ends: December 31, 1992Program Office / Contact: Office of Solid Waste / Steve HoffmanPriority Order # 6RESOLVE Project # 7531

Budget for Project:

\$ 20,592.26

Contractor Labor and Direct Costs To Be Invoiced This Month:

\$ 6,918.43

Rate of Additional Subcontractor Costs Incurred For This Period:

\$ 330.00RESOLVE Costs This Month:²

\$ _____

Total Cumulative Costs:²

\$ _____

Estimated Cumulative Funds Expended at End of Report Period:²

\$ _____

Significant Activities during Report Period:

Held first meeting of the Dialogue Committee in Washington DC, December 9

Activities Planned for Next Report Period:

Second meeting of the Committee in Orlando, FL on January 28 & 29, to tour
a phosphoric acid wet-process facility

Estimated Labor Hours for Next Report Period:

☐ less than 50 hours ☒ 50-100 hours ☐ more than 100 hoursEstimated Direct Costs ~~for~~ Next Report Period:\$ 7,000.00This report is due to Jenny Billet, RESOLVE, by the 10th day of the month following the
report period. (FAX 202/293-9211)

To be filled out by RESOLVE

Subcontractor Invoice and Monthly Report Form
EPA Contract for Support Services for Regulatory Negotiations

Subcontractor: Southeast Negotiation Network Project Name: Phosphoric Acid Waste Dialogue Del. Order #: 6

RESOLVE Subcontract Number: 7531.2 Period of Performance Ends: December 31, 1992 Report Period: December 1992

LABOR:

<u>Category</u>	<u>Rate</u>	<u>Hours Budgeted</u>	<u>Hours This Month</u>	<u>Dollars This Month</u>	<u>Cumul. Hours</u>	<u>Cumul. Dollars</u>
Sr. D.R. Prof.	\$88.06	115	38	3346.28	133*	11,712.18
Jr. D.R. Prof.	81.15	72	18	1460.70	38	3,083.70
Clerical	25.94	24	16	415.04	16	415.04

<u>DIRECT COSTS</u>	<u>Budgeted</u>	<u>Expended This Month¹</u>	<u>Cumulative</u>
Communications (includes: \$300/tele- communications; \$200/copying, postage)	\$500.00	45.00	45.00
Staff Travel	2,500.00	1,651.41	2,131.39
Meeting Expense	1,000.00		

<u>TOTAL</u>	<u>Subcontract Budget</u>	<u>Total Invoice This Month</u>	<u>Cumulative Amount Invoiced</u>
	\$20,592.26	6,918.43	17,387.31

¹ Attach receipts for all expenses over \$20.

* Transferred hours from Jr. to Sr. Prof.

TRAVEL EXPENSE STATEMENT

TITLE CODE _____

E Bourne, R. Gregory SOC. SEC. NO. 444-48-7610 TITLE Res. Acc. II
 Last First Middle Initial

QUARTERS Arch INSTITUTION Ga. Tech

DENCE 791 Sherwood Rd, A-11, GA 30324 DATE FROM 12/8/92 TO 12/9/92

y	TIME		Location/Points Visited	DETAILS OF SUBSISTENCE (Attach Lodging Receipt)				TOTAL	Do Not Write in This Space for ACCT. DEPT.
	Departed	Arrived		B'fast	Lunch	Dinner	Lodging		
8			A-11 - DC	-	8.50	31.50	110.00	150.00	
9			DC - A-11	5.81	8.50	7.00	-	21.31	
TOTALS				5.81	17.00	38.50	111.00	171.31	
EXPLAIN ANY UNUSUAL AMOUNTS FOR SUBSISTENCE:									xxxxxxx
STATE USE MILEAGE _____ MILES @ _____ CENTS PER MILE (Must be supported by automobile mileage record on reverse side)									
COMMON CARRIER, TAXI/LIMOUSINE (Explain in section on reverse side)									
TOTAL TRAVEL EXPENSE									632.00 803.31 640.00 sum 12.00
MISCELLANEOUS EXPENSES (Explain in section on reverse side)									
SUB-TOTAL									815.31
LESS TRAVEL ADVANCE									-
GRAND TOTAL									815.31

I solemnly swear, under criminal penalty of a felony for false statements subject to punishment by not less than one year nor more than twenty years of penal servitude, that the above statements are true and I have incurred the described expenses and the State use mileage in the discharge of my official duties for the State and have not been reimbursed and have not filed nor will I file for reimbursement from any other source, for said expenses.

APPROVED _____ SIGNATURE

DATE 12/10/92

AUTOMOBILE MILEAGE RECORD

GEORGIA LICENSE NO. OF CAR _____ PERIOD ENDING _____, 19 _____

Prepare daily, using a separate block for each day's State use travel and for each departure from headquarters.

Day	DAILY TRAVEL (Points Visited)	ODOMETER READING		MILES TRAVELED		
		Starting	Ending	Miles Daily	Personal Use	State Use
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
TOTAL MILES TRAVELED						

Transfer Total State use miles to travel expense section (front side) for computation of amount at the prescribed State mileage rate.

PURPOSE OF TRIP: (Attach prior approval form if applicable.)

If traveling under a standing authorization please check ☐.

Day	COMMON CARRIER, TAXI/LIMOUSINE (Explain, attach receipts for common carrier)	Amount	Day	MISCELLANEOUS (Explain, attach receipts except for tele. and telg.)	Amount
12/8	Taxi	13 00	12/9	Airport PKg	12 00
12/8	Taxi	7 00			
12/8	Taxi	6 00			
12/9	Taxi	6 00			
12/8-9	ATI-DC Roundtrip	600 00			
TOTAL AMOUNT (Enter in appropriate line of above expense section)		632 00	TOTAL AMOUNT (Enter in appropriate line of above expense section)		12 00

Pg. 1 12/08/92 10:49 12/09/92

ROOM: 522 FOLIO #: 1208-3232

GREGORY BOURHE
COLLEGE OF ARCH
ATLANTA, GA

30332

12/08	ROOM	97.75
	1 NIGHT AT	97.75
12/08	ROOM TAX	10.75
	ROOM TAX =11.00%	
12/08	5947 FOOD & BEV.	0.50
12/08	LOCAL PHONE	.75
12/08	1 OCCUPANCY TX	1.50
	*** BALANCE ***	119.33

CC/CL #: AX AX 372410519091007 03/95

ISSUED BY
DELTA AIR LINES INC. XXXX
NAME OF ISSUING AGENT
EXPLORATIONS
NAME OF PASSENGER
BOURNE/R.GREGORY
X/O FROM
NOT VALID FOR
TRANSPORTATION
ENDORSEMENTS/RESTRICTIONS

ARC FLIGHT COUPON

TOUR CODE

AGENT CODE

NAME OF PASSENGER

ATLANTA GA

PLACE OF ISSUE ISO CODE

DATE OF ISSUE

PNR/CARRIER CODE

FARE BASIS/TICKET DESIGNATOR

FROM

TO

ISSUING AGENT ID

JP-JP

FP AX3/24 105198 91007 EXP 0394 000024 /FC 80EC92
ATL DL WAS272.78DR06DL ATL272.72DR06USD545.45END

FARE
USD 545.45
TAX
US 54.55
TOTAL
USD 600.00

EQUIV FARE PO.

STOCK CONTROL NO. TX 889 CK

22586265844

CPN

0 006 1565215700 2

ALLOW PCS WT UNCKD
XXXXXXXXXXXX

DOCUMENT NUMBER

CK

PCS WT UNCKD BAGGAGE/ID NUMBER

NOT VALID FOR TRAVEL

0 006 1565215700 2

TAXICAB RECEIPT

Date 12/8

Received from _____

Trip to _____

Cab company _____

Cab # _____

I.D.# _____

Signature _____

Total \$ 13.00



The Carlton
AN ITT SHERATON LUXURY HOTEL
Washington, D.C.

HARTSFIELD ATLANTA
INT'L AIRPORT

*** Thank you ***

Entrance: 12/12 12:00/92 Lane 06

Exit: 12/12 12:00/92 Lane 02

CASHIER 117 SECA 0347

AMOUNT PAID \$112.00

TAXI CAB RECEIPT

DATE: 12.8

CAB FARE FROM _____ TO _____

No. OF PASSENGERS _____ TOTAL FARE \$ 16

CAB CO. & No. D-c-Muril DRIVER Jr

Taxi Cab Receipts

Date 12/8 Time: _____

Trip Origin: _____

Destination: _____

Fare: \$ 6.00 Signature _____

Taxi Cab Receipts

Date 12/9 Time: _____

Trip Origin: _____

Destination: _____

Fare: \$ 6.00 Signature _____



697 S. Milledge Ave.

Athens, GA 30605

706/549-1164

SALES PERSON: 50
CUSTOMER NBR: 015000

ITINERARY/INVOICE NO. 0002498
RMDTUF

DATE: 03 DEC 92
PAGE: 01

TO: DOUGLAS YARN
1800 SIMONTON BRIDGE ROAD
WATKINSVILLE GA 30677

THANK YOU FOR FAVORING US WITH YOUR TRAVEL
BUSINESS. THIS INVOICE REPRESENTS AN IMMEDIATE
TRANSFER OF FUNDS FROM OUR AGENCY TO THE
PARTICIPATING CARRIERS.
TERMS: PAYMENT DUE UPON RECEIPT OF INVOICE.

ORIGINAL INVOICE

OR: YARN/DOUGLAS

08 DEC 92 - TUESDAY

AIR DELTA AIR LINES INC FLT:436 ECONOMY
LV ATLANTA 1000A
AR WASHINGTON NATL 1140A

EQP: BOEING 757
NON-STOP

YARN/DOUGLAS SEAT-26F DL-2023758382

09 DEC 92 - WEDNESDAY

AIR DELTA AIR LINES INC FLT:443 ECONOMY
LV WASHINGTON NATL 600P
AR ATLANTA 755P

DINNER
EQP: BOEING 757
NON-STOP

YARN/DOUGLAS DL-2023758382

AIR TICKET DL1396432721

YARN DOUGLAS
BILLED TO TP101503142001735

600.00*

SUB TOTAL
NET CC BILLING

600.00

600.00*

TOTAL AMOUNT DUE

0.00

THANK YOU FOR CHOOSING ENTERPRISE TRAVEL

HU *FEE ON CHANGE OR REFUND*

AIRPORT CHECKIN ONLY FOR SEAT ASSIGNMENT ON RETURN FLIGHT

FAX 706-543-7168

TAXI CAB RECEIPT

DATE: 12-8-92

CAB FARE FROM DC TO EBT

No. OF PASSENGERS _____ TOTAL FARE \$ 6.00

CAB CO. & No. _____ DRIVER X

TAXI CAB RECEIPT

DATE: 12/8/92

CAB FARE FROM DC TO Nat'l Airport

No. OF PASSENGERS _____ TOTAL FARE \$ 15.00

CAB CO. & No. _____ DRIVER _____

TAXI FARE RECEIPT

DIAMOND CAB
1100 Q ST., N.W.
WASHINGTON, DC 20009

387-6200

24 HOUR RADIO DISPATCH

CAB NO. _____ I.D. NO. _____ TAG NO. _____

SIGNED _____ DATE 12/8/92 TIME _____

TRIP ORIGIN EIA

DESTINATION DC

FARE _____ TIP _____ TOTAL 6.00

FOR ADVANCED RESERVATIONS TO NATIONAL, BWI AND DULLES AIRPORTS
PLEASE CALL: 387-2221.

FOR CHARGE ACCOUNT INFORMATION, PLEASE CALL: 387-4011.

FOR A DIRECT DELIVERY, PLEASE CALL: 387-2247

Pg. 1 12/08/92 08:05 12/09/92
ROOM: 520 FOLIO #: 1208-3231

DOUGLAS YARN
1800 SINDTTON BRIDGE
MAYTILINSVILLE, GA

30677.

DATE	ROOM	1 NIGHT AT	97.75	97.75
12/10/88	ROOM TAX			10.75
12/10/88	ROOM TAX = 11.00x			0.58
12/10/88	5346 FOOD & REV.			1.58
12/10/88	2 LOCAL PHONE			8.04
12/10/88	2 PAY PHONE			1.58
12/10/88	1 OCCUPANCY TX			3.00
12/10/88	1 ROOM	ADJ		196.00
12/10/88	1 ROOM TAX	ADJ		196.00
12/10/88	*** BALANCE ***			118.13
CC/CL #:	AX AX 378741075041007			09/94

[illegible]

Monthly Report Form¹
(68-W1-0014)

Report Period: January 1993
(month)

Contract Name: Phosphoric Acid Waste Dialogue

Contractor Southeast Negotiation Network Period of Performance Ends: December 31, 1992 *

Program Office / Contact: Office of Solid Waste / Steve Hoffman

Delivery Order # 6

RESOLVE Project # 7531

Budget for Project: \$ 20,592.26

Contractor Labor and Direct Costs To Be Invoiced This Month: \$ 3,185.66

Amount of Additional Subcontractor Costs Incurred For This Period: \$ _____

RESOLVE Costs This Month:² \$ _____

Estimated Cumulative Costs:² \$ _____

Estimated Cumulative Funds Expended at End of Report Period:² \$ _____

Significant Activities during Report Period:

Finished the Meeting Summary of the first Committee meeting, and distributed to all members and other interested parties. Completed and printed the Convening Report for distribution at the second Committee meeting in Orlando.

Activities Planned for Next Report Period:

This is the last invoice under this delivery order. The next delivery order, #42, covers all remaining activities.

Estimated Labor Hours for Next Report Period: _____

☐ less than 50 hours ☐ 50-100 hours ☐ more than 100 hours

Estimated Direct Costs for Next Report Period: \$ _____

This report is due to Jenny Billet, RESOLVE, by the 10th day of the month following the report period. (FAX 202/293-9211)

To be filled out by RESOLVE

* Delivery Order 42 has been extended to July 31, 1993.

Monthly Report Form¹
(68-W1-0014)

Report Period: February 1993
(month)

Contract Name: Phosphoric Acid Waste Dialogue

Contractor Southeast Negotiation Network Period of Performance Ends: December 31, 1992

Program Office / Contact: Office of Solid Waste / Steve Hoffman

Delivery Order # 6

RESOLVE Project # 7531

Budget for Project: \$ 20,592.26

Contractor Labor and Direct Costs To Be Invoiced This Month: \$ 830.36

Amount of Additional Subcontractor Costs Incurred For This Period: \$ _____

RESOLVE Costs This Month:² \$ _____

Estimated Cumulative Costs:² \$ _____

Estimated Cumulative Funds Expended at End of Report Period:² \$ _____

Significant Activities during Report Period:

Preparation for March meeting in Washington DC; copying technical articles and reports for Committee members

Activities Planned for Next Report Period:

See Report on Delivery Order #42

Estimated Labor Hours for Next Report Period:

☒ less than 50 hours ☐ 50-100 hours ☐ more than 100 hours

Estimated Direct Costs for Next Report Period:

\$ _____

This report is due to Jenny Billet, RESOLVE, by the 10th day of the month following the report period. (FAX 202/293-9211)

To be filled out by RESOLVE